

- (iv) Multiply the percentage above the median obtained under paragraph (B)(2)(a)(v) of this rule by the median cost per case-mix unit obtained under paragraph (B)(2)(d)(iii) of this rule to obtain the maximum cost per case-mix unit.
 - (e) ODHS shall not recalculate a maximum cost per case-mix unit ~~set under~~ set under paragraph (B)(2) of this rule based on additional information that ODHS receives after the maximum costs per case-mix unit are set. ODHS shall recalculate a maximum cost per case-mix unit only if it made an error in computing the maximum cost per case-mix unit based on the information available at the time of the original calculation.
- (3) Set the maximum cost per case-mix unit of ICFs-MR with eight or fewer beds as illustrated in appendix B of this rule and as follows:
- (a) For fiscal year beginning July 1, 1993 based upon calendar year 1992, set the maximum cost per case-mix unit of ICFs-MR as follows:
 - (i) Calculate the cost per case-mix unit under paragraph (B)(1) of this rule for each ICF-MR; and
 - (ii) Determine each ICF-MR in which the cost per case-mix unit has been assigned pursuant to rule 5101:3-3-77 of the Administrative Code and any ICF-MR that serves residents who have outlier service needs and for which rates have been set pursuant to rule 5101:3-3-25 of the Administrative Code; and
 - (iii) Array the cost per case-mix units from the calculation under paragraph (B)(3)(a)(i) of this rule for all ICFs-MR excluding the ICFs-MR determined under paragraph (B)(3)(a)(ii) of this rule in ascending order for each facility and calculate the cost per case-mix unit which reflects the median medicaid day; and
 - (iv) Array the cost per case-mix units from the calculation under paragraph (B)(3)(a)(i) of this rule for all ICFs-MR excluding the ICFs-MR determined under paragraph (B)(3)(a)(ii) of this rule in ascending order for each facility and calculate the cost per case-mix unit which reflects the eighty and one-half percentile medicaid day; and

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- (v) Divide the eighty and one-half percentile cost per case-mix unit obtained under paragraph (B)(3)(a)(iv) of this rule by the median under paragraph (B)(3)(a)(iii) of this rule to obtain a percentage above the median for all ICFs-MR; and
 - (vi) Multiply the percentage obtained under paragraph (B)(3)(a)(v) of this rule by the median cost per case-mix unit obtained under paragraph (B)(3)(a)(iii) of this rule to obtain the maximum cost per case-mix unit.
- (b) For fiscal year beginning July 1, 1994 based upon calendar year 1993, set the maximum cost per case-mix unit of ICFs-MR as follows:
- (i) Calculate the cost per case-mix unit under paragraph (B)(1) of this rule for each ICF-MR; and
 - (ii) Determine each ICF-MR in which the cost per case-mix unit has been assigned pursuant to rule 5101:3-3-77 of the Administrative Code, ~~and ANY ICF-MR THAT PARTICIPATED IN THE MEDICAL ASSISTANCE PROGRAM UNDER THE SAME OPERATOR FOR LESS THAN TWELVE MONTHS DURING THE CALENDAR YEAR 1993, AND any ICF-MR that serves residents who have outlier service needs and for which rates have been set pursuant to rule 5101:3-3-25 of the Administrative Code;~~ and
 - (iii) Array the cost per case-mix units from the calculation under paragraph (B)(3)(b)(i) of this rule for all ICFs-MR excluding the ICFs-MR determined under paragraph (B)(3)(b)(ii) of this rule in ascending order for each facility and calculate the cost per case-mix unit which reflects the median medicaid day; and
 - (iv) Array the cost per case-mix units from the calculation under paragraph (B)(3)(b)(i) of this rule for all ICFs-MR excluding the ICF-MR determined under paragraph (B)(3)(b)(ii) of this rule in ascending order for each facility and calculate the cost per case-mix unit which reflects the eighty and one-half percentile medicaid day; and

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- (v) Divide the eighty and one-half percentile cost per case-mix unit obtained under paragraph (B)(3)(b)(iv) of this rule by the median under paragraph (B)(3)(b)(iii) of this rule to obtain a percentage above the median for all ICFs-MR; and
 - (vi) Multiply the percentage obtained under paragraph (B)(3)(b)(v) of this rule by the median cost per case-mix unit obtained under paragraph (B)(3)(b)(iii) of this rule to obtain the maximum cost per case-mix unit.
- (c) For the first six months beginning July 1, 1995 based upon calendar year 1994, set the maximum cost per case-mix unit of ICFs-MR as follows:
- (i) Calculate the cost per case-mix unit under paragraph (B)(1) of this rule for each ICF-MR; and
 - (ii) Determine each ICF-MR in which the cost per case-mix unit in the ICF-MR's peer group has been assigned pursuant to rule 5101:3-3-77 of the Administrative Code, ~~and~~ ANY ICF-MR THAT PARTICIPATED IN THE MEDICAL ASSISTANCE PROGRAM UNDER THE SAME OPERATOR FOR LESS THAN TWELVE MONTHS DURING THE CALENDAR YEAR 1994, AND any ICF-MR that serves residents who have outlier service needs and for which rates have been set pursuant to rule 5101:3-3-25 of the Administrative Code; and
 - (iii) Array the cost per case-mix units from the calculation under paragraph (B)(3)(c)(i) of this rule for all ICFs-MR excluding the ICFs-MR determined under paragraph (B)(3)(c)(ii) of this rule in ascending order for each facility and calculate the cost per case-mix unit which reflects the median medicaid day; and
 - (iv) Array the cost per case-mix units from the calculation under paragraph (B)(3)(c)(i) of this rule for all ICFs-MR excluding the ICFs-MR determined under paragraph (B)(3)(c)(ii) of this rule in ascending order for each facility and calculate the cost per case-mix unit which reflects the eighty and one-half percentile medicaid day; and

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- (v) Divide the eighty and one-half percentile cost per case-mix unit obtained under paragraph (B)(3)(c)(iv) of this rule by the median under paragraph (B)(3)(c)(iii) of this rule to obtain a percentage above the median for all ICFs-MR; and
 - (vi) Multiply the percentage obtained under paragraph (B)(3)(c)(v) of this rule by the median cost per case-mix unit obtained under paragraph (B)(3)(c)(iii) of this rule to obtain the maximum cost per case-mix unit.
- (d) For the six-month period beginning January 1, 1996 through June 30, 1996 based upon calendar year 1994 and each fiscal year thereafter based upon the calendar year preceding the fiscal year in which the rate is paid, set the maximum cost per case-mix unit of ICFs-MR as follows:
- (i) Calculate the cost per case-mix unit under paragraph (B)(1) of this rule from the calendar year preceding the fiscal year in which the rate is paid; and
 - (ii) Determine each ICF-MR in which the cost per case-mix unit has been assigned pursuant to rule 5101:3-3-77 of the Administrative Code, ~~and ANY ICF-MR THAT PARTICIPATED IN THE MEDICAL ASSISTANCE PROGRAM UNDER THE SAME OPERATOR FOR LESS THAN TWELVE MONTHS DURING THE CALENDAR YEAR PRECEDING THE FISCAL YEAR IN WHICH THE RATE WILL BE PAID, AND~~ any ICF-MR that serves residents who have outlier service needs and for which rates have been set pursuant to rule 5101:3-3-25 of the Administrative Code; and
 - (iii) Array the cost per case-mix units from the calculation under paragraph (B)(3)(d)(i) of this rule excluding the ICFs-MR determined under paragraph (B)(3)(d)(ii) of this rule in ascending order for each facility and calculate the cost per case-mix unit which reflects the median medicaid day; and
 - (iv) Multiply the percentage above the median obtained under paragraph (B)(3)(a)(v) of this rule by the median cost per case-mix unit obtained under paragraph (B)(3)(d)(iii) of this rule to obtain the maximum cost per case-mix unit.

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- (e) ODHS shall not recalculate a maximum cost per case-mix unit ~~set under~~ set under paragraph (B)(3) of this rule based on additional information that ODHS receives after the maximum costs per case-mix unit are set. ODHS shall recalculate a maximum cost per case-mix unit only if it made an error in computing the maximum cost per case-mix unit based on the information available at the time of the original calculation.
- (C) Each facility's rate for direct care costs shall be determined for each calendar quarter within a fiscal year by multiplying the lesser of the following by the quarterly facility average case-mix score determined under rule 5101:3-3-77 of the Administrative Code for the calendar quarter that preceded the immediately preceding calendar quarter:
 - (1) The facility's cost per case-mix unit for the calendar year preceding the fiscal year in which the rate will be paid, as determined under paragraph (B)(1) of this rule; or
 - (2) The maximum cost per case-mix unit established for the fiscal year in which the rate will be paid under paragraph (B)(2) or (B)(3) of this rule as follows:
 - (a) For the fiscal year that begins on July 1, 1993, ODHS shall pay an ICF-MR that has a cost per case-mix unit under paragraph (B)(1) of this rule that exceeds the maximum cost per case-mix unit under paragraphs (B)(2)(a) or (B)(3)(a) of this rule a rate for direct care costs based on the sum of the following:
 - (i) The maximum cost per case-mix unit; and
 - (ii) Two-thirds of the difference between the ICF-MR's cost per case-mix unit and the maximum cost per case-mix unit.
 - (b) For the fiscal year that begins on July 1, 1994, ODHS shall pay an ICF-MR that has a cost per case-mix unit under paragraph (B)(1) of this rule that exceeds the maximum cost per case-mix unit under paragraph (B)(2)(b) or (B)(3)(b) of this rule a rate for direct care costs based on the sum of the following:
 - (i) The maximum cost per case-mix unit; and
 - (ii) One-third of the difference between the ICF-MR's cost per case-mix unit and the maximum cost per case-mix unit.

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- (c) For the first six months beginning July 1, 1995, ODHS shall pay an ICF-MR that has a cost per case-mix unit that exceeds the maximum established under ~~paragraphs~~ PARAGRAPH (B)(2)(c) or (B)(3)(c) of this rule, the maximum established under ~~paragraphs~~ PARAGRAPH (B)(2)(c) or (B)(3)(c) of this rule.
- (d) For the six-month period beginning January 1, 1996 through June 30, 1996 and each fiscal year thereafter, ODHS shall pay an ICF-MR that has a cost per case-mix unit that exceeds the maximum established under ~~paragraphs~~ PARAGRAPH (B)(2)(d) or (B)(3)(d) of this rule, the maximum established under ~~paragraphs~~ PARAGRAPH (B)(2)(d) or (B)(3)(d) of this rule.
- (D) ODHS shall estimate the rate of inflation for the eighteen-month period beginning on the first day of July of the calendar year preceding the fiscal year in which the rate will be paid and ending on the thirty-first day of December of the fiscal year in which the rate will be paid, using the employment cost index for total compensation, health services component, published by the United States bureau of labor statistics. If the estimated inflation rate for the eighteen-month period is different from the actual inflation rate for that period, as measured using the same index, the difference shall be added to or subtracted from the inflation rate estimated for the following fiscal year.
- (E) For purposes of adjusting the direct care rate for each facility, the product determined under paragraph (C) of this rule shall be adjusted by the inflation rate estimated under paragraph (D) of this rule.
- (F) ICFs-MR described under paragraphs (B)(2)(a)(ii), (B)(2)(b)(ii), (B)(2)(c)(ii), (B)(2)(d)(ii), (B)(3)(a)(ii), (B)(3)(b)(ii), (B)(3)(c)(ii), and (B)(3)(d)(ii) of this rule are excluded from the calculation of rates under paragraphs (C) to (E) of this rule, and are excluded from the calculation of peer group maximum costs per case-mix unit under paragraph (B) of this rule. The direct care rate for these facilities shall be calculated as follows:
 - (1) For each ICF-MR in which the cost per case-mix unit has been assigned in accordance with rule 5101:3-3-77 of the Administrative Code:
 - (a) The facility rate for direct care costs shall be determined for each calendar quarter within a fiscal year by multiplying the assigned cost per case-mix unit by the quarterly facility average case-mix score determined under rule 5101:3-3-77 of the Administrative Code for the calendar quarter that preceded the immediately preceding calendar quarter; and

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- (b) The product determined under paragraph (F)(1)(a) of this rule shall be adjusted by the inflation rate estimated under paragraph (D) of this rule.
- (2) For ICFs-MR or distinct-part units of ICFs-MR that are qualified providers of outlier services, the direct care rate for residents who have received prior authorization from ODHS to receive outlier services shall be calculated in accordance with rule 5101:3-3-25 of the Administrative Code.
- (3) FOR THE ICFS-MR DESCRIBED UNDER PARAGRAPHS (B)(2)(b)(ii), (B)(2)(c)(ii), (B)(2)(d)(ii), (B)(3)(b)(ii), (B)(3)(c)(ii), AND (B)(3)(d)(ii) OF THIS RULE THAT PARTICIPATED IN THE MEDICAL ASSISTANCE PROGRAM UNDER THE SAME OPERATOR FOR LESS THAN TWELVE MONTHS DURING THE CALENDAR YEAR PRECEDING THE FISCAL YEAR IN WHICH THE RATE WILL BE PAID, REIMBURSEMENT SHALL BE MADE IN ACCORDANCE WITH RULE 5101:3-3-86 OF THE ADMINISTRATIVE CODE.

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ALL ICFs-MR	CPCMU		ICF-MR MEDICAID DAYS	ACCUM. MEDICAID DAYS	
1	\$17.89		15,652	15,652	
2	\$25.67		18,052	33,704	
3	\$28.65		7,154	40,858	
4	\$28.68		10,332	51,190	
5	\$29.27		6,854	58,044	
*	*		*	*	
*	*		*	*	
*	*		*	*	
*	*		*	*	
*	*		*	*	
80	\$52.90	(Median Facility)	3,640	632,470	
*	*		*	*	
94	\$56.66		13,104	825,536	(Median Medicaid Day)
*	*		*	*	
*	*		*	*	
*	*		*	*	
*	*		*	*	
129	\$67.15	(80.5th Percentile Fac.)	7,280	1,257,172	
*	*		*	*	
140	\$70.56		11,512	1,329,113	(80.5th Percentile Medicaid Day)
*	*		*	*	
*	*		*	*	
*	*		*	*	
*	*		*	*	
160	\$133.02		8,008	1,651,072	
			1,651,072		

Median Medicaid Day = 825,536th Medicaid Day [paragraph (B)(2)(a)(iii)]

80.5th Percentile Medicaid Day = 1,329,113th Medicaid Day [paragraph (B)(2)(a)(iv)]

\$56.66 CPCMU which reflects the Median Medicaid Day [paragraph (B)(2)(a)(iii)]
 \$70.56 CPCMU which reflects the 80.5th Percentile Medicaid Day [paragraph (B)(2)(a)(iv)]
 $\$70.56 / \$56.66 = 1.2453\%$ Percentage above the Median Medicaid Day (ceiling) [paragraph (B)(2)(a)(v)]
 $\$56.66 \times 1.2453\% = \70.56 Maximum Cost Per Case-Mix Unit [paragraph (B)(2)(a)(vi)]

*The "Median Facility" and the "80.5th Percentile Facility" are not used in the calculation of the maximum cost per case-mix unit. All the information represented on this appendix is for illustration purposes only. Facilities specified in paragraph (B)(2)(a)(ii) of this rule are not included in the calculation of the Maximum Cost Per Case-Mix Unit.

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ALL ICFS-MR FACILITIES	COST PER CASE-MIX UNIT (CPCMU)		FACILITY MEDICAID DAYS	ACCUMULATED MEDICAID DAYS	
1	\$30.69		2,912	2,912	
2	\$31.56		2,912	5,824	
3	\$32.54		2,912	8,736	
4	\$32.56		2,912	11,648	
5	\$33.15		1,820	13,468	
*	*		*	*	
*	*		*	*	
*	*		*	*	
*	*		*	*	
*	*		*	*	
64	\$52.52	(Median Facility)	1,456	164,003	
*	*		*	*	
66	\$50.73		2,912	167,021	(Median Medicaid Day)
*	*		*	*	
*	*		*	*	
*	*		*	*	
*	*		*	*	
103	\$60.51		2,912	268,904	(80.5th Percentile Medicaid Day)
104	\$60.52	(80.5th Percentile Fac.)	2,912	273,268	
*	*		*	*	
*	*		*	*	
*	*		*	*	
129	\$121.23		1,452	334,042	
			334,042		

Median Medicaid Day = 167,021st Medicaid Day [paragraph (B)(3)(a)(iii)]

80.5th Percentile Medicaid Day = 268,904th Medicaid Day [paragraph (B)(3)(a)(iv)]

\$50.73 CPCMU which reflects the Median Medicaid Day [paragraph (B)(3)(a)(iii)]
 \$60.51 CPCMU which reflects the 80.5th Percentile Medicaid Day [paragraph (B)(3)(a)(iv)]
 $\$60.51 / \$50.73 = 1.1928\%$ Percentage above the Median Medicaid Day (ceiling) [paragraph (B)(3)(a)(v)]
 $\$50.73 \times 1.1928\% = \60.51 Maximum Cost Per Case-Mix Unit [paragraph (B)(3)(a)(vi)]

*The "Median Facility" and the "80.5th Percentile Facility" are not used in the calculation of the maximum cost per case-mix unit. All the information represented on this appendix is for illustration purposes only. Facilities specified in paragraph (B)(3)(a)(ii) of this rule are not included in the calculation of the Maximum Cost Per Case-Mix Unit.

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Certification: _____

Date

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Rule amplifies: RC sections 5111.01, 5111.02, 5111.23, Section 127 of Am. Sub. H. B. 904

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